



USDA Forest Service Fire Medical Qualifications Program

Hypertension/Aneurysm/Vascular (FAX 866-338-6630)

FOR MEDICAL PROVIDER USE ONLY

Medical provider: complete as applicable. If questions, call USFS Medical Officer Jennifer Symonds, D.O., 208-387-5978.

Employee Name and Date of Birth:

Home Unit/Forest: _____

Medication list: _____

Is the individual's condition currently static and stable with good compliance of ongoing care and treatment? YES ____ NO ____

What is the individual's blood pressure running on average? _____

Location, measurements of aneurysm, and date measurements taken: _____

Diagnosis of vascular condition, date diagnosed, treatment, prognosis: _____

Does the individual have any restrictions on their activity in regard to light, moderate, or arduous work, in extreme heat (including walking on hot ground), in a wilderness environment with definitive care greater than an hour away? (If they fill an arduous duty position, please review the Essential Functions and Work Conditions of a Wildland Firefighter)



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YES ____ NO ____

If yes, please specify: _____

Medical Provider Name: _____ MD/DO/NP/PA/ _____

Address: _____

Phone #: _____

Fax #: _____